DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 5011

Registration District No. FEB MAR 12 1940 791 Primary Registration District No. 1003 Registrar's No. 1841

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis 9
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 5457 N. Kingshihgway
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None (Specify whether
In this community Birth
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis 22
(If outside city or town limits, write "RURAL")

(d) Street No. 1827a Park Ave
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME 253 Ernest C. Rosenthal

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Widower

6. (b) Name of husband ~~or wife~~ Hulda R. Rosenthal

6. (c) Age of husband or wife if alive Deceased years

7. Birth date of deceased August 4, 1871 (Month) (Day) (Year)

8. AGE: Years 68 Months 6 Days 17 If less than one day hr. min.

9. Birthplace St. Louis, Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Plumber

11. Industry or business

FATHER
12. Name William Rosenthal
13. Birthplace Germany (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Blandina Ruff
15. Birthplace Germany (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs Selby Duchesne
(b) Address 5457 N. Kingshighway

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/24/40 (Month) (Day) (Year)
(c) Place: burial or cremation Bellefontaine Cemetery

18. (a) Signature of funeral director Math Hermann & Son
(b) Address 2161 East Fair Ave

19. (a) FEB 23 1940 (Date received local registrar) (b) J F Budich (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 21
year 1940 hour 8 minute 30 M.

21. I hereby certify that I attended the deceased from June 10, 1939, 19 , to Feb. 20, 1940
that I last saw him alive on Feb. 20, 1940
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cancer of Esophagus	7 mo
Due to: and Cardiac portion of stomach	—
Due to: Cancer of Pancreas. Primary site Esophagus	
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations Structure of Esophagus
Of autopsy Cancer of Esophagus, Stomach and Pancreas.

PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury

23. Signature Walter A. Kirchner (M. D. ~~or other~~)
Address 508 N. Grand Blvd. Date signed 2/21/40

(Licensed Embalmer's Statement on Reverse Side)

MARGIN RESERVED FOR BINDING

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

50M-5-17-39 Rev. 5-17-39 1 X1951

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed.....

Licensed Embalmer No. 2967

P. O. Address St. Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.